Alberta
SOCIAL SERVICES AND
COMMUNITY HEALTH

Office of the Minister

424 Legislature Building, Edmonton, Alberta, Canada T5K 2B6 403/427-2606

EDMONTON, ALBERTA
March 1984

TO THE HONOURABLE G. AMERONGEN
Speaker of the Legislative Assembly

Sir:

I have the honour to present the thirteenth annual report of Alberta Social Services and Community Health, which covers the fiscal year ending March 31, 1983.

Respectfully submitted,

Neil Webber

Neil Webber
Minister of Social Services
and Community Health

Alberta
SOCIAL SERVICES
AND COMMUNITY HEALTH

Seventh Street Plaza, 10030 - 107 Street, Edmonton, Alberta, Canada T5J 3E4

In Replying Please Quote:

March 1984

HONOURABLE NEIL WEBBER
Minister of Social Services
and Community Health

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Respectfully submitted,

Dr. Sheila Durkin
Deputy Minister
Health Services

Mr. Calvin E. Lee
Acting Deputy Minister
Social Services

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Health Services Division

The Health Services Division exists to monitor the state of public health and to develop and support programs and services which help achieve, maintain and restore the good health and well-being of the people of the province. The Division's goal is the prevention of illness and the promotion of good physical, mental and social health.

The Division's purpose is accomplished primarily by enabling Alberta communities, within a developing framework of provincial policy, to identify and meet their own needs. Division activities include controlling communicable diseases, helping to keep the physical and social environment safe, providing care for children, promoting healthy lifestyles, and providing ways for people to maintain their independence whenever possible.

During 1982-83, the Health Services Division reorganized its structure and functions to:

- improve communication
- increase the independence of local service providers
- complement regionalization of Department services
- better unify related programs
- provide efficient and broad administrative support services.

The objectives were accomplished by creating the position of an assistant deputy minister of the Professional Services Branch, establishing a Division Support Branch and strengthening the Finance Information and Support Services Branch through reallocation of positions and resources within the Division.

Reports follow on the activities and highlights of program branches during the 1982-83 fiscal year.

PROFESSIONAL SERVICES BRANCH

The Professional Services Branch provides the direction, coordination and integration of six programs: Health Promotion and Protection, Rehabilitative Programs, Communicable Disease Control and Epidemiology, Family and Community Support Services, Day Care, and Mental Health.

The Branch manages the direct delivery of some services, and provides program support where delivery is not a Divisional responsibility.

HEALTH PROMOTION AND PROTECTION

Health Promotion and Protection is a diverse group which fosters and supports the development and delivery of programs designed to prevent health problems and enhance, maintain, protect and restore the health and well-being of people in Alberta.

Health Promotion and Protection also plays a role in coordinating and linking programs offered by local health authorities, and other government and non-government (including voluntary) organizations.

Community Health Nursing

The purpose of this unit is to ensure the highest standard of community health nursing services are available for the people of Alberta.

Services to local health authorities include providing expertise on community health nursing and family health programs, resource and program support materials, and assistance in developing program standards.

Highlights

- Annual workshop PROSPECTION '82 "The Human Side of Nursing Management" held for 75 community health nursing managers.
- A proposal to develop Family Health Program Standards, focusing on the drafting of program standards for geriatric and infant health, was accepted by the Standing Committee on Community Health Nursing.

Dental Health Services

The purpose of Dental Health Services is to monitor the state of oral health and to develop and support dental programs and services which help achieve, maintain and/or restore the oral health of the people of Alberta. The main goal is to prevent dental disease.

Highlights

- Mobile dental trailers, to establish new dental practices, were placed in Bassano and Bow Island.
- The Visiting Dentist Program held clinics for a total of 128 days in various locations.

Environmental Health Services

This program represents the major protection aspect of the Health Promotion and Protection Programs.

Environmental Health Services employs various specialists to investigate environmental health matters in the province. These specialists provide advice, information and training on environmental health issues and the enforcement of Provincial Board of Health regulations to

local public health inspectors. Seminars on environmental health law, municipal waste management, and landfill operators and site management were held in 1982-83.

This program also provides secretariat services to the Provincial Board of Health and works closely with the Departments of Environment, Agriculture, and Workers' Health, Safety and Compensation.

Highlights

- Represented Alberta on: Federal/Provincial Advisory Committee on Environment and Occupational Health; Federal/Provincial Committee on Indoor Air Quality; and Federal/Provincial/Private Industry Advisory Committee on updating educational programs for food-handlers.
- Conducted an investigation into an outbreak of *Pseudomonas folliculitis* in the province, which resulted in the cancellation of earlier approval by the Provincial Board of Health for the use of bromination to disinfect whirlpools.
- Involved in sour gas studies concerned with the health effects of sour gas in the Twin Butte area and during the Lodgepole blowout.

Family Planning Services

Family Planning Services provides support and encouragement for the development of a broad range of family planning services in the public and voluntary sectors in Alberta. It consists of a team of specialists in the Department who provide consultation and assistance in family planning program management and development, training, information and education, and the promotion of research.

Highlights

- Specialized family planning workshops dealing with the topics of "Communication, Sexuality and Family Planning", Peer Counselling, and Contraceptive Updates were held in various locations in the province.
- Developed a computerized Education Resource File on family planning.
- Formed a Standing Committee on Family Planning.

Health Education and Promotion Services

Health Education and Promotion Services encourages and assists local health authorities and other community organizations to develop and provide health education and health promotion programs to increase public awareness and knowledge of the consequences of selected lifestyle habits and personal health practices.

Highlights

- A Community Needs Assessment was completed in conjunction with Sturgeon Health Unit.
- Coordinated Alberta's contribution to the annual National Non-Smoking Week campaign.
- Re-wrote the Elementary Health Curriculum and companion Teacher's Resource Manual. Orientation on this curriculum was also provided to nurses and teachers.
- Formed the Standing Committee on Health Education and Health Promotion.

Nutrition Services

Nutrition Services has two major program thrusts:

- services delivered to local health authorities which employ a community health nutritionist, and
- services delivered to local health authorities which do not.

All aspects of nutrition in the life cycle are considered in programming activities. They include education sessions, program support materials and consultation for community health planning. Recruitment, orientation, training and professional support are also provided for health professionals.

During 1982-83, Nutrition Services designed and distributed 1983 Nutrition Week resource packages to local health authorities, wrote and distributed four issues of the newsletter "Nutritionally Speaking" to health professionals in Alberta, prepared and reviewed articles and nutrition texts for professional journals, and presented program information at a variety of workshops and seminars.

Highlights

- Published "A Guide to Infant Nutrition — the rationale for health professionals" for public health personnel, physicians in private practice and occupational health nurses.
- Continued participation in the Inter-Departmental Committee preparing recommendations towards the voluntary provincial adoption of the W.H.O. Code on Marketing Breast Milk Substitutes.
- Participated in an interagency planning committee for the World Boy Scout Jamboree.

REHABILITATIVE PROGRAMS

The mandate of Rehabilitative Programs is to strengthen the independence and health status of Albertans. This is accomplished by evaluating, developing, supporting, and in one instance, providing community rehabilitation programs.

The following units are under Rehabilitative Programs: Alberta Aids to Daily Living, Co-ordinated Home Care Program, Speech Pathology and Audiology, and Early Intervention Program.

Alberta Aids to Daily Living

This program is designed to meet the special needs of handicapped or chronically ill Albertans facing the cost of obtaining necessary medical equipment and supplies. This equipment, available

without charge, includes wheelchairs, walking aids, home oxygen equipment, hearing aids, prosthetics, orthotics and various medical/surgical products. Alberta Aids to Daily Living Program (AADL) co-ordinates the supply of equipment to those requiring it through the development of assessment and follow-up procedures which ensures individuals receive the appropriate aid or device. The evaluation of equipment and supplies is also carried out by the program.

The Extended Health Benefits Program (EHB) is similar to the AADL Program; however, it serves senior citizens who have chronic disabling health conditions. The program allows these persons to obtain medical equipment or supplies with a written prescription from a physician.

By providing equipment and supplies, the AADL and EHB programs assist many handicapped or chronically ill Albertans to remain in their homes. Approximately 30,000 Albertans were assisted by AADL and 40,000 by EHB programs in 1982-83.

Highlights

- Participated with the Alberta Rehabilitation Council for the Disabled in the administration of the programs in Edmonton and Northwest Alberta.
- Increased emphasis on efficiency and cost control, contact with stakeholder groups (clients, prescribers, authorizers) through meetings, newsletters and workshops, and involving prescribers and clients in cost control by advising them of the cost of items and/or repairs.

Coordinated Home Care Program

Coordinated Home Care Program provides medical and support services to Albertans, primarily to the elderly (over two-thirds of the caseload are 65 years and older), the chronically ill and handicapped persons. The average active monthly caseload was slightly over 7,000 for 1982-83.

Highlights

- The redesigned Home Care Information System was implemented from December to March.
- A review of the Alberta Coordinated Home Care Program was completed in March 1983.
- An Inter-Departmental committee between the Department of Social Services and Community Health and the Department of Hospitals and Medical Care, was formed to follow up on the Report and Recommendations of the Alberta Nursing Home Review Panel. This committee included representation from the Home Care Unit to deal with issues for long term care planning for the elderly.

Speech Pathology and Audiology

This program provides approximately one-third of all speech therapy services in Alberta through local health authorities.

Speech Pathology services are provided to a wide age range of individuals with speech, language, or hearing disorders, but priority is given to children.

In addition to the financial support for speech pathology programs, the Department provides consultative planning and evaluation services to local health authorities through the Speech Pathology and Audiology Unit. This unit also provides consultative services to other divisions of the Department and serves as a liaison with the Departments of Education, and Hospitals and Medical Care, professional associations, agencies and the public.

In 1982-83 there were 7,300 referrals received, with 5,448 of that total being assessed.

Highlights

- Operated the Computerized Records and Information System for Speech Pathology (CRISSP) by individual local health authorities and the Department. CRISSP provides a standard method of data collection for planning and evaluating speech pathology programs.
- Initiated a three-year joint project of local health authorities and the Department to develop formal structure, process and outcome standards applicable to Alberta Community Health Speech Pathology Programs.

Early Intervention Program

The Early Intervention Program in Alberta was established to provide professional support in the home for developmentally-delayed children aged 0 to 3½ years and their families. The program is based on the theory that early support will help the family to adapt to the handicap and assist in increasing the child's development.

Examples of children presently participating in the program are those with diagnoses of Downs Syndrome, Cerebral Palsy, or a severe sensory handicap (i.e. blind, deaf, multi-handicapped, mentally handicapped).

Programs operating in Alberta are administered by local health authorities, school boards, and voluntary associations. Funding is provided by Rehabilitative Programs to assist approximately 200 children. The average number of children in the program each month was 186.

EARLY INTERVENTION PROGRAM SUMMARY OF PROVINCIAL STATISTICS/ AVERAGE MONTHLY CASELOAD

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Programs operating in Alberta are administered by local health authorities, school boards, and voluntary associations. Funding is provided by Rehabilitative Programs to assist approximately 200 children. The average number of children in the program each month was 166.

EARLY INTERVENTION PROGRAM SUMMARY OF PROVINCIAL STATISTICS/ AVERAGE MONTHLY CASELOAD

ACTIVE CASELOAD	FOLLOW-UP	TOTAL	NUMBER REFERRED	NUMBER ACCEPTED	NUMBER LEAVING	WAITING LIST	FOSTER FAMILY
167	43	210	33	16	15	20	21

COMMUNICABLE DISEASE CONTROL AND EPIDEMIOLOGY

Communicable Disease Control and Epidemiology has three units to monitor and control infectious disease in Alberta: Epidemiology and Disease Control; Social Hygiene Services (Sexually Transmitted Diseases) and Tuberculosis Services.

The Branch maintains surveillance of the communicable and, to some extent, non-communicable disease activity within the province and provides epidemiologic support to other branches in the Health Services Division, to other Divisions and to outside agencies.

Using epidemiologic methods, the Branch identifies health concerns and develops, directs or monitors programs to prevent or control disease spread, lessen the harmful effects of ill health and promote positive health.

Highlights

- A measles elimination program was introduced in 1982 with the goal of eliminating all acquired cases of measles in the province within 2-3 years.
- The Advisory Committee on Communicable Disease Control issued statements on the use of vaccines and biologic agents and made preliminary recommendations for revision to Regulations Respecting the Control of Communicable Diseases.
- The program for the prevention of meningitis in children and adults was updated and expanded.

Epidemiology and Disease Control

This unit monitors the occurrence of communicable diseases (other than sexually transmitted diseases and tuberculosis) and provides consultation and advice regarding these diseases to local health authorities, hospitals and physicians.

Under the communicable disease regulations, certain infectious diseases are reported to local health authorities and by them to Communicable Disease Control. The statistics generated from these reports are transmitted to Statistics Canada and eventually to the World Health Organization as part of the worldwide program of surveillance of disease.

Notifiable Diseases.

The outstanding feature of the 1982 notifiable disease statistics was the marked decline in the incidence of mumps after the outbreak which occurred in late 1980 and throughout 1981. The 1,030 cases were less than half the number reported in 1981 and represent a return to the inter-epidemic level normally seen. Mumps usually occur in 3-5 year cycles, with the introduction of mumps vaccination in 1982, the outbreak seen in 1981-82 may be the last such outbreak.

Although the increase in rubella incidence was not remarkable, the figures indicate, in November and December 1982, the beginning of the largest outbreak of rubella in Alberta since the late 1970's. While rubella is a mild disease in children, it can have a devastating effect on a pregnant woman and the developing baby. This outbreak caused a great deal of concern for women who contracted the disease while pregnant.

Measles incidence remained low in 1982 with 187 cases compared to 167 cases in 1981 and 270 in 1980. This compared favourably with the 10,106 cases reported in 1979 and is over 90 per cent lower than the incidence experience in the pre-vaccine era, however, the rate was also about ten times that seen in the United States and in other provinces where a measles elimination program has been in effect for some time.

Diphtheria cases reappeared in 1982 after being absent for the first time in 1981. Two mild cases were reported in young children and an outbreak of diphtheria carriers in a health unit in the northern half of Alberta. A major immunization program was initiated by the health unit to bring the outbreak under control.

Other outbreaks also occurred during 1982:

Over 100 cases of giardiasis were reported in Banff and a salmonella outbreak occurred in the Lake Louise area. Outbreaks of shigellosis and salmonellosis were reported by the Drumheller Health Unit. There was an outbreak of salmonellosis in a correctional institution and an outbreak of giardiasis, which peaked in 1983, began in Edmonton in December 1982.

The statistics below show selected notifiable diseases in 1982 with comparative figures from recent years. It should be noted that communicable disease statistics are compiled on a calendar year rather than fiscal year basis.

Immunization.

As in past years, the Branch supplied immunizing agents to local health authorities for the prevention of communicable diseases.

There was an improvement in the general level of immunization in 1982 as 94.7 per cent of children were immunized against measles by school entry. The corresponding figures for diphtheria, pertussis, tetanus (DPT) and polio were 92.7 per cent and 96 per cent. These figures show an increase from three to almost 10 per cent.

There was a major revision to the immunization program in 1982 with the introduction of mumps vaccine for the first time. The age for rubella immunization was changed from 11 - 12 years to one year and boys now receive rubella vaccine as well as girls. A combined measles, mumps and rubella vaccine (MMR) is now offered to all children on or as soon as possible after their first birthday and "catch up"

programs are offered at school entry and grade five.

Professional and Public Education.

Staff of the Branch were active in promoting immunization and in responding to media and public concerns about specific communicable diseases. Branch staff also continued to participate in the teaching of preventive medicine, epidemiology and communicable disease control through their activities in the departments of Medicine, Pediatrics and Community Health at the Universities of Alberta and Calgary and in the Faculty of Nursing at the University of Alberta.

Social Hygiene Services

The goal of Social Hygiene Services is to provide a comprehensive program for the control of sexually transmitted diseases. The program provides diagnostic and treatment services through clinics in Edmonton, Calgary and Lethbridge, epidemiologic services, consultation to physicians; data monitoring, disease surveillance, and public and professional education.

The Diseases.

Disease surveillance is maintained for the five notifiable diseases: gonorrhea, syphilis, lymphogranuloma venereum, granuloma inguinale and chancroid.

A decrease in both the number of cases and rate for gonorrhea occurred in 1982 with the most significant rate drops for males under 30 years. The number of cases and incidence rate for syphilis returned to the levels noted prior to 1981. There was a greater than 300 per cent increase in the number of cases of penicillinase-producing *Neisseria gonorrhoeae* identified. Although non-gonococcal urethritis (NGU) and herpes genitalis are non-reportable sexually transmitted diseases, they continued to present problems for clinic populations. There were no reported cases of the other three notifiable diseases.

Highlights

- The number of people using the services of the social hygiene clinics remained high. The evening clinics in Edmonton and Calgary, introduced in 1980, were made permanent clinic services.
- Ongoing public awareness and education continued through the use of educational presentations (with an increase in schools and adult improvement programs), advertising and printed information.
- The physicians' information manual on sexually transmitted diseases was rewritten and distributed to all provincial medical practitioners.

Tuberculosis Services

Tuberculosis Services is responsible for monitoring and controlling tuberculosis in the Province. Activities of the unit center on operating out-patient clinics in Calgary and Edmonton, and maintaining a Central Tuberculosis Registry for the Province.

Persons showing positive tuberculin reactions are investigated by their family physicians or are referred to the Tuberculosis Clinic for further investigation, treatment and follow-up. Tuberculosis Services also provides anti-tuberculous medication, free of charge.

In the 1982 calendar year, there were 211 active cases of tuberculosis in the Province. Of these, 89 were foreign born; 53 were Registered Indians; and 69 were of other origin. The majority of the foreign born who developed tuberculosis in the Province came from East Asia during the last five years.

DAY CARE

The Day Care Program supports the delivery of appropriate day care services in Alberta communities, ensures that standards of care are maintained and improved, and encourages the use of day care as a preventive social service by providing financial support to day care centres and individual families.

Following decentralization in July 1982, corporate program staff have responsibility for policy development, program planning and evaluation. Regional day care staff are responsible for service delivery, which includes licensing and consultation to day care centers, family day homes and nursery schools for pre-school children. They also license foster homes, residential treatment centers for children and adults, adult homes for special care and after school programs for older children, subject to the provisions of the Social Care Facilities Licensing Act.

Highlights

- In January of 1983, the Day Care Program prepared to transfer responsibility for handicapped children in

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CASES OF SELECTED NOTIFIABLE DISEASES

	[illegible]	[illegible]	[illegible]
Diphtheria			
Cases	2	0	29
Carriers	58	40	56
Shigellosis	491	511	548
Salmonellosis	649	600	726
Hepatitis A	254	276	266
Hepatitis B	137	91	61
Measles	187	186	270
Meningitis Viral or Aseptic	24	28	22
Meningococcal Infections	24	25	36
Pertussis	71	66	110
Rubella	938	718	815
Mumps	1,030	2,217	1,720
Amoebiasis	33	29	102
Leprosy	12	3	2
Malaria	27	66	73
Legionnaires Disease	2	4	N.R.
Typhoid Fever	4	5	7

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Highlights

- In January of 1983, the Day Care Program prepared to transfer responsibility for handicapped children in

day care programs, previously under Services for the Handicapped Branch and the Handicapped Children's Services Program, to the Day Care Program.
- The Provincial Edmonton Family Day Home Project terminated in March 1983 with transfer of the majority of homes to community agencies.
- A Satellite Family Day Home Manual was developed to assist agencies providing family day care services under a formalized contract or agreement between the agency and the Department.
- Dr. Burton White, an early childhood specialist, presented seminars in Edmonton, Calgary and Grande Prairie with a total attendance of over 1,000.

DAY CARE PROGRAM

	MARCH 1982		MARCH 1983		INCREASE IN	
	NUMBER OF FACILITIES	LICENSED CAPACITY	NUMBER OF FACILITIES	LICENSED CAPACITY	NUMBER OF FACILITIES	LICENSED CAPACITY
Day Care Centres	365	17,037	442	20,255	77	3,218
Licensed Family Day Homes	75	398	129	2,793	10	49
Satellite Family Day Homes		*1,124		*1,335		
Nursery Schools	336	7,775	346	7,837	10	62
Adult Homes for Special Care	136	4,557	169	4,673	33	116
Children's Institutions	152	2,298	166	2,303	14	5
Foster Homes	133	670	151	735	18	65
Special Care Facility	32	162	65	201	7	39

*Under Contract, not Licensed

FAMILY AND COMMUNITY SUPPORT SERVICES

The objective of the Family and Community Support Services Program is to prevent social breakdown by helping people and their community identify and provide solutions for their social needs.

Municipalities, improvement districts, metis settlements, Indian Bands, and National Parks may enter into their own agreement with the Minister of Social Services and Community Health to operate a local Family and Community Support Services Program. Funding is provided on a cost-shared basis with the province contributing up to 80 per cent of the fund and the local municipality or municipalities contributing the remaining 20 per cent.

Highlights

- During 1982-83, municipal provincial agreements were in effect with municipal programs serving 84 per cent of the province's population.
- In July 1982, consulting services associated with the program were decentralized to the regions of the Department.
- 1982-83 funds to municipalities were allocated as follows:

Administration and Planning Component	$ 3,955,869
Family and Community Services Components	$20,007,609
	$23,963,478

MENTAL HEALTH PROGRAM

The Mental Health Program has the following mandate:

- To provide a leadership role and maintain a provincial mental health service identify by commenting on provincial mental health issues, coordinating joint regional undertakings and liaison with other government agencies (particularly the Department of Hospitals and Medical Care).
- To identify provincial mental health needs, and plan with other departments (particularly the Department of Hospitals and Medical Care) and regions to meet those needs.
- To monitor and evaluate mental health programs.
- To participate in policy development by collection and evaluation of relevant data, and making recommendations.
- To ensure the maintenance of the highest possible standards of care.
- To support treatment services provided in the regions and mental health institutions by operating and maintaining the Mental Health Information System (M.H.I.S.), and preparing and disseminating reports used on M.H.I.S. data.
- Operate suicide prevention programs.
- Monitor Vote 8 expenditures to ensure that they are expended in accord with the manner prescribed by the Legislature.

Statistics for mental health services (operated by the departmental Regions) follow:

MENTAL HEALTH SERVICES – STATISTICS FOR 1982-83
MENTAL HEALTH
Outpatient

Number of Cases Treated in Outpatient Centres In the Period April 1, 1982 to March 31, 1983 Summarized by Sex and Age on March 31, 1983

	AGE IN YEARS							
REGION	**0-5**	**6-11**	**12-17**	**18-24**	**25-44**	**45-64**	**65+**	**TOTAL CASES**
Calgary	33	222	318	405	1,359	293	143	2,773
Central	44	159	433	483	1,443	489	171	3,222
Edmonton	93	395	823	698	2,116	810	367	5,302
Northeast	24	129	333	247	731	180	80	1,724
Northwest	23	114	322	325	899	223	74	1,980
South	151	563	589	477	1,369	370	156	3,675
TOTAL CASES 1982/83	**368**	**1,582**	**2,818**	**2,635**	**7,917**	**2,365**	**991**	**18,676**
Males	245 (67%)	1,061 (67%)	1,497 (53%)	971 (37%)	2,721 (34%)	920 (39%)	351 (35%)	7,766 (42%)
Females	123 (33%)	521 (33%)	1,321 (47%)	1,664 (63%)	5,196 (66%)	1,445 (61%)	640 (65%)	10,910 (58%)
TOTAL CASES 1981/82								**16,789**

NOTES: 1. The age ranges are inclusive, e.g. 6-11 years include ages 6 and over to 11.9 years of age.
2. The Forensic Assessment and Community Services Centre is not included in 1981/82 figures.

Number of Cases Treated in Outpatient Centres Summarized by Sex and Age:
Table 1 shows that of the 18,676 cases, 40% were under 25 years of age, 42% were 25 to 44 years of age, and 18% were 45 years or over. More males than females were seen in the age groups under 18 but females outnumbered males in the remaining groups. Total caseload increased by 11.2% over the previous period.

DIVISION SUPPORT BRANCH

The Division Support Branch was formed in 1982 as a result of the review and re-organization of the Health Services Division to ensure that the Deputy and programs of the Division receive adequate support in the areas of research, planning, evaluation and associated needs.

The Branch consisted of the following sections:

Health Professions Liaison
- responsible for manpower planning for health professions and expert consultation regarding contracted services for the Department from professional groups and associations.

Paediatric Consultation
- provides specialized consultation for services and needs related to young children and administers the Phenylketonuria, Cystic Fibrosis, and Rheumatic Fever treatment programs.

Program Planning and Evaluation
- assists in development coordination, and operation of program planning and evaluation systems within the Division.

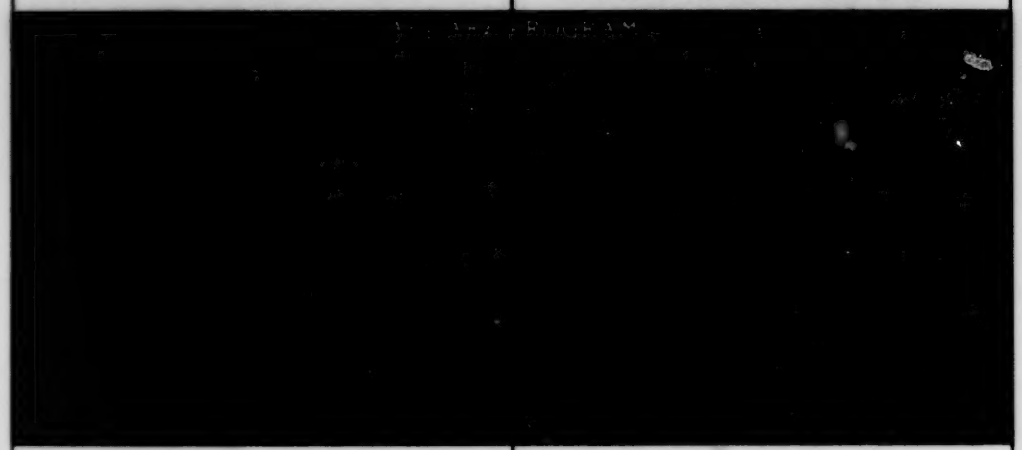
Epidemiology (Non-Communicable Diseases)
- provides research, analysis, and consultation to programs and funded health agencies regarding the incidence, distribution, impact and probable causes of non-communicable diseases. This section was not fully operational this year due to the need for position classification and recruitment.

Highlights
- Evaluated a children's health passport, field tested by 200 parents from across the province.
- The Fourth Symposium on the Prevention of Handicapping Conditions of Prenatal and Perinatal Origin was held at the University of Calgary medical school on December 2-3, 1982.
- Developed a proposal for a Childhood Injury/Accident Prevention Program for use by local health authorities.
- Created the Inter-Departmental Committee on Prevention of Handicapping Conditions which reports to the Joint Planning Committee of Alberta Hospitals and Medical Care and Alberta Social Services and Community Health.

FINANCE INFORMATION AND SUPPORT SERVICES

Finance, Information and Support Services (F I S S.) provides monitoring, evaluation, co-ordinating and control services in the areas of finance, computers, personnel and general office administration for the Health Services Division and its funded agencies.

day care programs, previously under Services for the Handicapped Branch and the Handicapped Children's Services Program, to the Day Care Program.
- The Provincial Edmonton Family Day Home Project terminated in March 1983, with transfer of the majority of homes to community agencies.
- A Satellite Family Day Home Manual was developed to assist agencies providing family day care services under a formalized contract or agreement between the agency and the Department.
- Dr. Burton White, an early childhood specialist, presented seminars in Edmonton, Calgary and Grande Prairie with a total attendance of over 1,000.



FAMILY AND COMMUNITY SUPPORT SERVICES

The objective of the Family and Community Support Services Program is to prevent social breakdown by helping people and their community identify and provide solutions for their social needs.

Municipalities, improvement districts, metis settlements, Indian Bands, and National Parks may enter into their own agreement with the Minister of Social Services and Community Health to operate a local Family and Community Support Services Program. Funding is provided on a cost-shared basis with the province contributing up to 80 per cent of the fund and the local municipality or municipalities contributing the remaining 20 per cent.

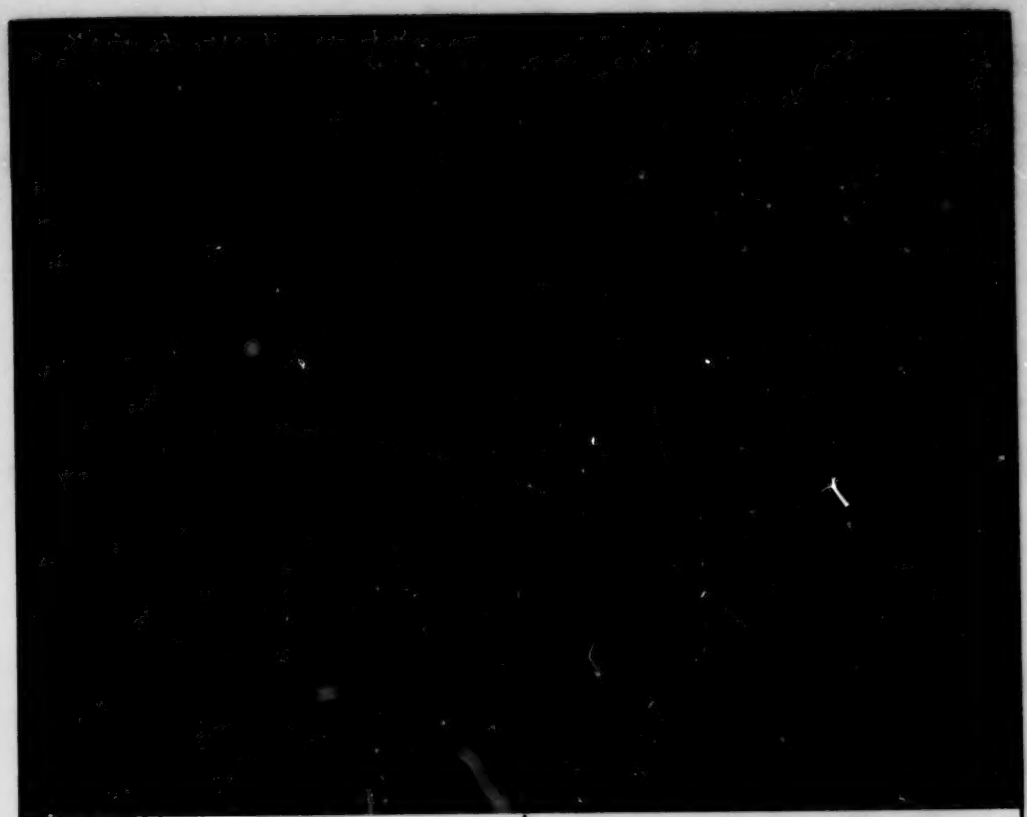
Highlights
- During 1982-83, municipal provincial agreements were in effect with municipal programs serving 84 per cent of the province's population.
- In July 1982, consulting services associated with the program were decentralized to the regions of the Department.
- 1982-83 funds to municipalities were allocated as follows:

Administration and Planning Component	$ 3,955,869
Family and Community Services Components	$20,007,609
	$23,963,478

MENTAL HEALTH PROGRAM

The Mental Health Program has the following mandate:
- To provide a leadership role and maintain a provincial mental health service identity by commenting on provincial mental health issues, coordinating joint regional undertakings and liaison with other government agencies (particularly the Department of Hospitals and Medical Care).
- To identify provincial mental health needs, and plan with other departments (particularly the Department of Hospitals and Medical Care) and regions to meet those needs.
- To monitor and evaluate mental health programs.
- To participate in policy development by collection and evaluation of relevant data, and making recommendations.
- To ensure the maintenance of the highest possible standards of care.
- To support treatment services provided in the regions and mental health institutions by operating and maintaining the Mental Health Information System (M.H.I.S.), and preparing and disseminating reports used on M.H.I.S. data.
- Operate suicide prevention programs.
- Monitor Vote 8 expenditures to ensure that they are expended in accord with the manner prescribed by the Legislature.

Statistics for mental health services (operated by the departmental Regions) follow:



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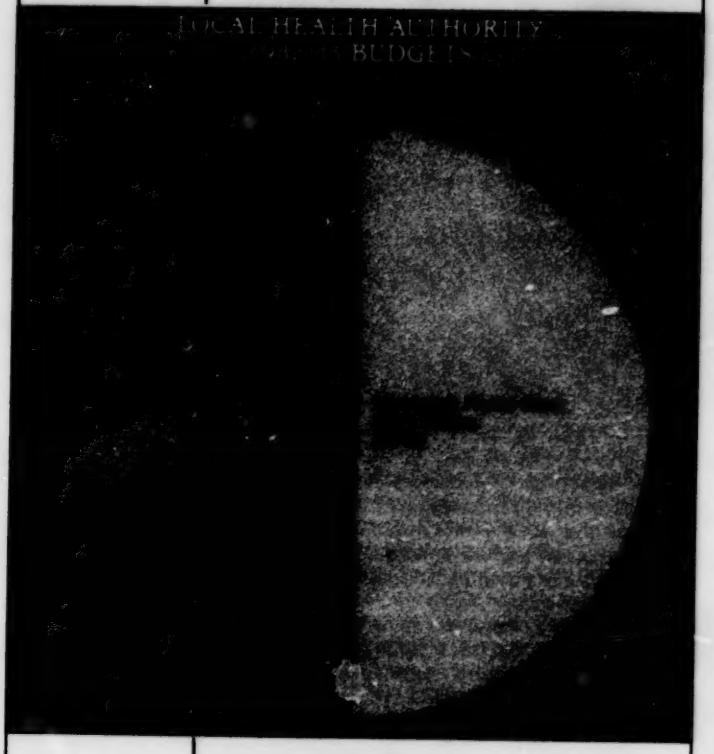
F.I.S.S. provides financial and support services to the 27 local health authorities and is directly responsible for the Administration and Planning, and Accommodation and Capital programs.

1982-83 Local Health Authority Funding Highlights

- Total 1982-83 budget: $75.6 Million.
- 21 per cent increase over 1981-82 authorized vote.
- Special $1.1 Million injected for Community Health Nursing program.
- Home Care received a special increase of $513,000 plus $339,000 for the development of a Home Care Computer Information System.



VITAL STATISTICS

The objectives of Vital Statistics are:

To register all births, marriages and deaths that occur in Alberta;

To provide confirmation, through certificates, of the occurrence of these events to those entitled; and,

To maintain a statistical data base to monitor the statistics of public health in Alberta.

Highlights

Statistics for 1982 show there were 44,912 births (eight per cent over 1981 events) of which 7,661 were out of wedlock (16 per cent increase over 1981) and marriages increased by three per cent to 22,327. The four leading causes of death (actual number following) in Alberta in 1982 were "heart disease" (2,176), "accidents" (959), "cancer" (913) and "strokes" (808).

Alberta's total population as of June 1982 was estimated at 2,322,300 (four per cent increase over 1981).

PROVINCIAL LABORATORY OF PUBLIC HEALTH

The Provincial Laboratory of Public Health provides diagnostic and public health microbiology services, including bacteriology, virology, mycology and parasitology, to physicians, hospitals, and health authorities.

Highlights

- The headquarters laboratory in Edmonton was moved in August 1982 from the University of Alberta campus to new quarters in the new Health Sciences Centre. The Calgary branch laboratory was moved a few months earlier from Bowness to the Special Services Building at the Foothills Hospital.
- Virological services were expanded at the Calgary laboratory in May, 1982, when the virology unit of the Foothills Hospital was transferred to the Provincial Laboratory.

PROVINCIAL BOARD OF HEALTH

The Provincial Board of Health:

- makes rules and regulations under The Public Health Act and reviews them to ensure they are updated when required.
- monitors the application of the regulations.
- serves as an inter-departmental forum for review of health-related issues.

The Provincial Board of Health and Environmental Health Services of this Division serve as a means of communication with, and support to, local health authorities in the performance of their responsibilities.

Highlights

- The Board was involved in assessing the health effects arising from the Lodgepole well blowout.
- The Board heard 14 appeals of decisions rendered by local boards of health, and 11 requests for waivers of public health regulations.
- Approvals were issued for the establishment of new refuse disposal sites, cemeteries, and semi-public swimming pools.

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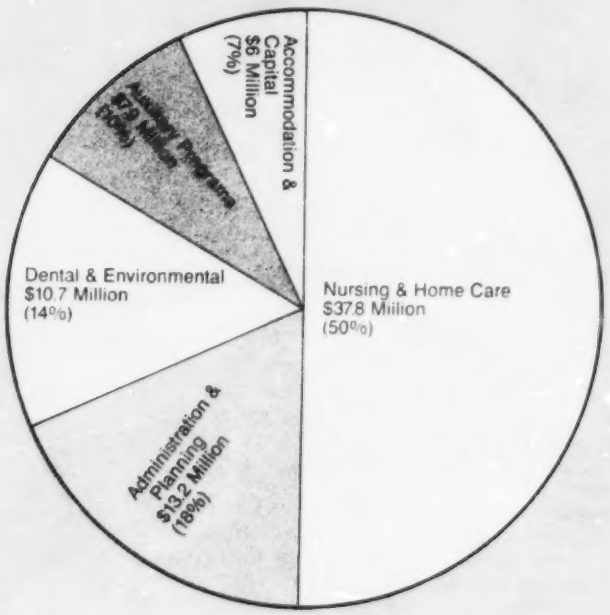
LOCAL HEALTH AUTHORITY 1982-83 BUDGETS

TOTAL BUDGET — $75.6 MILLION


Accommodation & Capital $6 Million (7%)
Dental & Environmental $10.7 Million (14%)
Nursing & Home Care $37.8 Million (50%)
Administration & Planning $13.2 Million (18%)

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Social Services Division

Social Services Division

The Social Services Division, consistent with the reorganization of the Department, experienced major change in 1982-83.

Major activities were directed to assist and enable the decentralization or regionalization of most Social Services Division direct services, ongoing operational work in the area of policy and program review and development, and reorganization to the Social Services Division as a policy and program Division working within a new mandate.

In May of 1982, the new mandate of the Division was approved by the Minister. The mandate reflected a commitment to the promotion of the social well-being of the people of Alberta, and to quality of service. The major responsibilities of the new Division included program planning, program review and reshaping, program evaluation and monitoring, policy review and recommendation.

A number of major programs were reorganized in 1982-83.

Family Maintenance and Court Services was reconstituted as the Family Relations Program, with a major emphasis on policies concerning legal relationships in the family.

A Residential Services Program was added to the Division. This program had responsibility for the residential and residential support functions of the former Services for the Handicapped Branch and the hostels and the adult care centres formerly assigned to the Income Security Branch.

The Income Security Program was assigned program responsibility for Social Allowance, the Alberta Assured Income Plan, the Alberta Assured Income for the Severely Handicapped Program as well as day care subsidy and overpayment/ repayment program functions.

The Children's Services Program was established after separation of the delivery and the policy and program planning function of the Child Welfare Branch. The program's responsibilities included evaluation and monitoring of Child Welfare services, the needs of children, programs serving the family and children, and other services and programs dealing with the well-being of young people.

The Rehabilitation Services Program provided specialized employment related to training and skill-development opportunities for persons receiving social allowance, the handicapped, and students. The Employment Skills Program, Employment Opportunities Program, Student Temporary Employment Program and Priority Employment Program were administered directly by the program or in cooperation with Alberta Manpower.

The Public Guardian Office was located in Red Deer and administered the Dependent Adults Act. The program provided services throughout Alberta on behalf of dependent adults and assisted private guardians in carrying out their responsibilities.

In 1982-83 all programs of the Social Services Division moved towards simplifying procedures and manuals, by reviewing improvements and procedures to increase economy and efficiency, and in the development of management information systems for planning, budget control, project scheduling and monitoring and reporting.

In the area of public communications, steps were taken to establish a better understanding of the province's social programs, and to review existing publications. Improvements were made in communications and information sharing with departmental and provincially funded agencies. Efforts were also made to involve external agencies in providing input to program and policy considerations.

The reorganization of the Division was subject to evaluation and review in the spring of 1983, with the intention of continuing the process in 1983-84.

OFFICE OF THE PUBLIC GUARDIAN

The Office of the Public Guardian develops and promotes guardianship programs for adults incapable of making personal decisions for themselves. Guardians, public and private, act as substitute decision-makers for dependent adults in accordance with the Dependent Adults Act. The Act provides a legal means of support and advocacy for adults whose disabilities put them in danger of being neglected, abused or victimized. Decisions must be made in the best interests of the dependent adult and are regularly reviewed by the Courts.

A total of 655 guardianship applications were made by the Office of the Public Guardian in 1982-83. In 355 cases the Public Guardian was named as guardian and in 302 orders private individuals were named as guardian. An additional 602 applications were made by private individuals and in 589 of the applications, a private individual was named as guardian. The Public Guardian was named in the remaining 13 cases. Assessments were also completed on 214 proposed dependent adults for whom guardianship was not indicated. A major shift occurred in the number of private guardian appointments as over 70 per cent of all

guardianship appointments were for private guardians.

A primary concern was a backlog of some 6,000 referrals for guardianship at the end of 1981-82 fiscal year. This number was reduced to 2,011 as of March 31, 1983 by contacting some 3,300 families or interested persons to request that private applications be commenced. This resulted in 602 private solicitor applications for guardianship in 1982-83, a process to be continued in 1983-84.

During the fiscal year, 103 plenary guardianship Orders were issued as compared to 1,723 partial guardianship Orders. Of the 915 Orders that were received during the fiscal year and initiated through the Office of the Public Guardian, only three were for plenary guardianship.

The Public Guardian was appointed as guardian for 954 Dependent Adults by March 31, 1983 and direct services for these individuals were provided as required.

Eleven formal interventions were undertaken by the Office of the Public Guardian. Three test cases of particular note which were initiated during the fiscal year involved requests for judicial judgements and written reasons in cases which concerned compulsory care, the applicability of this Act to Treaty Native Indians, and the interface of this Act with the Mental Health Act as it applies to formal applications.

Highlights

- A series of information packages were developed as part of a province-wide education program directed at private organizations, potential private guardians and professionals. The program included general pamphlets on guardianship, a private guardian brochure, physician's pamphlets, a general guideline for lawyers and a slide tape presentation for community presentations.

- The Community Involvement Program was designed to encourage community agencies to become involved with Dependent Adults and guardians by supporting private guardians and using volunteers to assist Dependent Adults to reach their potential in community settings. Guidelines, monitoring and evalutative criteria were developed. Three agencies were funded in 1982-83.
- In 1982, the Minister established a Public Guardian Advisory Committee to advise the Public Guardian in issues dealing with moral or ethical subjects or in specific cases.

REHABILITATION SERVICES

The goal of Rehabilitation Services is to provide a variety of programs to assist handicapped and disadvantaged Albertans to become independent.

Rehabilitation Services undertook a re-focussing of its corporate program activities. Goals achieved included:

- Decentralized staff identified for relocation and functions re-assigned.
- Regional staff trained in areas which became a delivery responsibility.
- New structures developed to deliver the mandates and roles in the program area and the divisions.

Although the Department decentralized many programs and services during 1982, Rehabilitation Services did not decentralize all of its field operations. The Employment Opportunities Program (EOP) and the Employment Skills Program (ESP) continued as they had in the past, pending decisions on location of field operations.

The Employment Opportunities Program provides assessment, counselling, employment preparation and placement services to assist Department clients prepare for and secure employment. Services were provided to an average monthly caseload of 4,099 persons receiving social allowance. A total of 12,897 people were assisted in 1982-83; of these 2,142 were placed into employment and 2,143 were placed into training.

The Employment Skills Program provides short-term work experience opportunities of up to six months in provincial government departments and agencies for social allowance recipients who are willing to work, but lack the necessary skills to get a job. The program is funded by Alberta Manpower and managed as a specialized program of The Employment Opportunities Program. During 1982-83, work experience was provided for 299 people.

Rehabilitation Services also manages temporary employment programs in the Department. These programs provide short-term employment with the Department and with community groups

who relate to the departmental role for unemployed persons (Priority Employment Program) and students (Summer Temporary Employment Program). PEP provided work for 344 people and STEP provide work experience for 294 post-secondary students.

Highlights

- Interdepartmental responsibility for disabled and disadvantaged adults determined.
- Background research was completed on models of services for client services coordination.
- Completed draft policy on developmental activity and social maintenance programs for the handicapped.
- EOP and ESP program evaluation completed.

INCOME SECURITY PROGRAM BRANCH

The Income Security Program promotes the well-being of the people of Alberta by ensuring that income security sub-programs are provided. These programs are evaluated and monitored to ensure they are meeting their objectives. Descriptions of these sub-programs follow:

Social Allowance

The Social Allowance Program provides financial help to people who do not have enough income to meet basic needs for themselves and their family. Rehabilitation and employment services may also be provided to social allowance recipients. Benefits include food, shelter, fuel and utilities, and personal allowances. Unemployable recipients also receive monthly clothing and household allowances. Medical and other special benefits may be provided if needed.

Alberta Assured Income Plan (AAIP)

AAIP is a provincial supplement paid to persons receiving the federal Guaranteed Income Supplement to the Old Age Security pension. As of March 31, 1983, the benefit level ranged from a minimum of $10.00 to a maximum of $95.00 per month.

Assured Income for the Severely Handicapped (AISH)

The AISH program was established to enhance the living conditions of severely handicapped Albertans. The program provides an income approximately equal to that available to Alberta's senior citizens. The maximum benefit as of March 31, 1983 was $575 per month. Persons who cannot meet their basic needs from this amount may qualify to receive a supplement under the Social Allowance Program. Recipients living in nursing homes, auxiliary hospitals and other designated facilities receive a modified benefit which is equivalent to the amount of basic necessities as determined under The Social Development Act, plus $52.00.

[redacted]

[redacted]

Day Care Subsidy

The Day Care Subsidy Program assists parents of low income families to pay for day care while they work, attend school, or if they have special needs. The amount of the benefit is based on net family income and family size. The maximum monthly subsidy benefit is $240.00 for full-time day care. Parents pay a minimum of $45 per month of the day care costs.

DAY CARE SUBSIDY
MONTHLY AVERAGE CASELOAD

Highlights

During 1982-83, the decentralization of income security delivery responsibility, the transfer of special investigators and their functions to the Management and Operations Branch, and the reallocation of program positions within the Social Services Division resulted in a change in program responsibilities. Program functions and organization were redefined to reflect the program's responsibility for program development, evaluation, monitoring and information systems development. Redeployment of staff to conform with the program organization was completed in December 1982. Program dossiers, used to focus program development, evaluation and monitoring activities, were completed in November 1982.

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GUARDIANSHIP ACTIVITIES
DECEMBER 1, 1978 to MARCH 31, 1983

COMPLETED GUARDIANSHIP APPLICATIONS	PRIVATE SOLICITOR	CROWN SOLICITOR	TOTAL
December 1978 - March 31, 1982	696	2,163	2,859
April 1, 1982 - March 31, 1983	602	655	1,257
	1,298	2,818	4,116
	31.54%	68.46%	100%
GUARDIANSHIP ORDERS	**PRIVATE GUARDIAN**	**PUBLIC GUARDIAN**	**TOTAL**
December 1978 - March 31, 1982	1,709	703	2,412
April 1, 1982 - March 31, 1983	642	1,184	1,826
	2,351	1,887	4,238
	55.47%	44.53%	100%
	CASES INVESTIGATED**	**ABUSE INVESTIGATIONS**	
December 1978 - March 31, 1982	290	63	
April 1, 1982 - March 31, 1983	214	5	
	504	68	

**Cases investigated, no Guardianship required.

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SOCIAL ALLOWANCE CASELOAD BY REASON FOR ASSISTANCE

REASON FOR ASSISTANCE	[illegible]	[illegible]	% CHANGE
Age 65+	3,269	3,483	+6.5
Persons with Dependent Children	14,185	17,412	+22.9
Physical Illness or Disability	6,228	7,803	+25.1
Mental Illness or Disability	1,172	1,411	+20.4
Mental Retardation	295	293	-0.7
Employables	5,727	10,949	+91.2
Unsuited for Employment	708	824	+16.4
TOTAL	31,581	42,175	+33.6

GUARDIAN SOCIAL ALLOWANCE CASELOAD

TOTAL CASELOAD	1,069	1,086	+8.6

AISH CASELOAD

	MARCH 1982	MARCH 1983	% CHANGE
AISH with Social Allowance Supplementation	1,524	1,701	+11.6
AISH with maximum benefits	6,678	7,541	+12.9
AISH with modified benefits	673	675	+0.3
TOTAL	8,875	9,917	+11.7

Day Care Subsidy

The Day Care Subsidy Program assists parents of low income families to pay for day care while they work, attend school, or if they have special needs. The amount of the benefit is based on net family income and family size. The maximum monthly subsidy benefit is $240.00 for full-time day care. Parents pay a minimum of $45 per month of the day care costs.

DAY CARE SUBSIDY MONTHLY AVERAGE CASELOAD

	1981-82	1982-83	% CHANGE
Number of Participating Families	5,684	5,836	+2.7
Number of Children in Day Care Subsidy	6,727	6,898	+2.5

Highlights

During 1982-83, the decentralization of income security delivery responsibility, the transfer of special investigators and their functions to the Management and Operations Branch, and the reallocation of program positions within the Social Services Division resulted in a change in program responsibilities. Program functions and organization were redefined to reflect the program's responsibility for program development, evaluation, monitoring and information systems development. Redeployment of staff to conform with the program organization was completed in December 1982. Program dossiers, used to focus program development, evaluation and monitoring activities, were completed in November 1982.

Responsibility for case-related decisions was transferred to the regions in August 1982. The program participated in preparing the regions for this responsibility by conducting training seminars, developing training materials and revising the Income Security Programs manual. Program managers were also assigned as program resources for the regions.

The program participated in the development of the 1983-84 caseload projections and budget estimates for Social Allowance and Benefits and Income Support. One result of this process was a Social Allowance estimate which incorporated a series of cost savings initiatives that were expected to save the Department approximately $45 million in 1983-84.

A Social Allowance Workshop was held by the Planning Secretariat to identify ways in which social allowance procedures and policies could be simplified. Many of the 25 recommendations from the workshop were implemented. One of the results of the workshop was the simplifying of the Data Decision Sheet.

The preparatory work for the Widows Pension was completed during 1982-83.

RESIDENTIAL SERVICES PROGRAM

The Residential Services Program was formed in 1982 by combining the residential support services from the Services for the Handicapped Branch with responsibility for hostels for single transient persons and the specialized adult services. Its goal was to ensure an appropriate and sufficient range of residential services to meet the needs of the people of Alberta, and to monitor and evaluate such services to ensure their quality and effectiveness.

During the period April to August 1982 the Branch was involved in its change from Services for the Handicapped Branch to the Residential Services Program. This included interpreting programs and policies, processing agency payments, converting contracts to grants, directly negotiating, monitoring and funding provincial rehabilitation agencies, and program development, monitoring and review. Other activities related to decentralization and Department reorganization were also carried out during this period.

From August 1982 to the end of March 1983, the delivery functions were decentralized. Services for the Handicapped was dismantled and the Residential Services Program became fully operational. Activities during this period included transferring remaining non-residential programs and provincial agency funding to the Department, providing liaison, consultation and assistance to regions, and other program and personnel roles.

Highlights

- Completed film outlining general service needs of disabled persons.
- Completed the booklet "A Guide to Services for Disabled Albertans."

CHILDREN'S SERVICES PROGRAM

In May 1982, the Children's Services Program was created by dividing the functions of the Child Welfare Branch into service delivery and policy development. Children's Services was responsible for developing, monitoring, and evaluating programs for the social development, care and protection of children.

On March 31, 1983, a total of 18,507 children were receiving services through various child welfare programs. Of this total, 5,427 were in the actual physical care of the Director of Child Welfare, residing in foster homes, group homes, or institutions. The remaining 13,080 children were residing in other placements, such as with relatives or independently. Many of this group of children not "in care" were receiving services while residing with their families in their own homes.

It is estimated that during 1982-83, approximately 36,000 children received services through one or more of the following programs:

Family Support

This program provided support to the families of over 6,000 children. Services are provided to avoid conditions which would mean removing the child or children from their home.

Supervision, Temporary Wardship, and Permanent Wardship Orders

A supervision order is provided by the court to provide for the Director's supervision of a child in his/her home. A temporary wardship order is provided by the court to provide for the transfer of the child's guardianship to the Director for a temporary period. A permanent wardship order is provided by the court to provide for the transfer of the child's guardianship to the Director permanently, or until the child is adopted. In 1982-83 there were 528 supervision orders, 2,159 temporary wards and 2,613 permanent wards.

Young Offenders

This program provides services ranging from at home counselling (probation) to residential placement to compulsory (locked) care. Approximately 400 young offenders (temporary wards – Juvenile Delinquents Act) and 900 probationers received services.

Foster Care

Foster Care provides children needing temporary care with a small group, family-based alternative capable of providing healthy parenting while supporting the child's growth and development. Approximately 3,750 children were living in foster homes and 2,800 foster homes were providing services at the end of March 1983.

Child Protection

This program provides professional casework services to investigate all allegations of child neglect, or abuse, or of children in need of protection and to provide any support/intervention required by families/children. Approximately 14,000 children in need of protection were reported to the Department in 1982-83.

Community Resources

Community based intervention services are provided to children and their families when a child or family is considered "at risk". Most services provided involve homemakers, recreation programs, community resource workers, restitution programs for young offenders, and probation services. About 1,500 children received services in each month in 1982-83.

Custody by Agreement

This program allows parents to temporarily give up custody but not guardianship of their child to the Director of Child Welfare for a specific time period. There were 362 children receiving services at the end of March 1983 through this program.

Handicapped Children's Services

This program assists parents with costs incurred by a child's handicap in order to maintain the child in their home. The number of children who received services was 2,972.

Residential Resources

Residential programs designed to provide treatment, are provided to children in the care of the Director. These include group homes and institutions. There were approximately 1,700 children living in residential resources during 1982-83.

Surrender and Indenture

This program enables parents who are incapable or who have no desire to provide guardianship to their child to voluntarily relinquish guardianship to the Director. Approximately 600 surrenders were approved in 1982-83. These children become permanent wards and were usually considered for adoption.

Ward Adoptions

Ward Adoptions transfers guardianship of permanent wards to adoptive parents and provides services to adoptees, birth parents, and adoptive parents. Approximately 750 permanent wards were adopted and 850 adoptive parent applications were approved.

Non Ward Adoptions

This program assists persons who wish to establish guardianship with a specific child residing with them, or known to them (e.g. step parent/step-child). There were approximately 900 non ward adoptions in 1982-83.

Highlights

- Provided information to assist the Cavanagh Board of Review in completing its report.
- Negotiation occurred with the Lesser Slave Lake Indian Regional Council towards a tri-party agreement to enable the delivery of departmental child welfare services by Indian Bands.
- Examined options for the implementation of the new Young Offenders Program.

CHILDREN RECEIVING CHILD WELFARE SERVICES BY TYPE OF PLACEMENT*

TYPE OF PLACEMENT	#	%
In Residence: **		
Foster Homes	3,843	70.8
Residential Resources ***	459	8.4
Contracted Group Homes ***	385	7.1
Government Group Homes ***	202	3.7
Compulsory Care	156	2.9
Detention	43	0.8
A.W.O.L.	148	2.7
Interim Placement	191	3.5
TOTAL	**5,427**	**100**
Not In Residence: **		
Parental Care	10,155	77.4
Relative's Care	1,721	13.1
Adoption Home	650	5.0
Auxiliary Care Facilities	274	2.1
Commercial Boarding Home	83	0.6
Independent Living	124	0.9
Hospital	102	0.8
Jail	11	0.1
TOTAL	**13,120**	**100**

** In Residence — residing in settings operated or contracted by the Department.
Not In Residence — residing in settings not owned or contracted by the Department.

*** May include placements in non-Child Welfare resources, e.g. Mental Health, Services for the Handicapped.

N.B. A number of children whose placement was not known have not been included; therefore, total placements do not equal children in care by Child Welfare status.

CHILDREN IN CARE BY CHILD WELFARE STATUS*

STATUS	#	%
Probation	885	4.8
View to Adopt (Permanent Wards)	650	3.5
Permanent Ward	1,963	10.6
Custody by Agreement	362	1.9
Handicapped Children's Services	2,972	16.1
Temporary Ward-Juvenile Delinquents Act	425	2.9
Status Yet to be Established	835	4.5
Temporary Ward-Child Welfare Act	3,159	17.1
Apprehension	364	1.9
Supervision	528	2.9
Family Support	6,364	34.4
TOTAL	**18,507**	**100**

*At March 31, 1983

Responsibility for case-related decisions was transferred to the regions in August 1982. The program participated in preparing the regions for this responsibility by conducting training seminars, developing training materials and revising the Income Security Programs manual. Program managers were also assigned as program resources for the regions.

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CHILDREN RECEIVING CHILD WELFARE SERVICES BY TYPE OF PLACEMENT

CHILDREN IN CARE BY CHILD WELFARE STATUS

FAMILY RELATIONS PROGRAM

In 1982-83 the Family Relations Program underwent a major shift in emphasis. The former Family Maintenance and Court Services Program became the Family Relations Program, reflecting an increased priority on the prevention, conciliation and counselling functions of the program. The major focus was to help families to help themselves, to ensure that they met their responsibilities and resolved their disputes with a minimum involvement of the courts or the state.

There were two major operational changes. In keeping with the new focus, responsibility for overpayments and repayments was transferred out of the program. And as part of the Department's decentralization, case management and all case-related staff were transferred to the six regions. The Director's authority under the Maintenance and Recovery Act was accordingly delegated to designated staff throughout the province.

Active custody access files increased by 65 per cent over 1981-82, while custody investigations increased by 57 per cent. The number of persons receiving conciliation counselling services rose to 46 per cent.

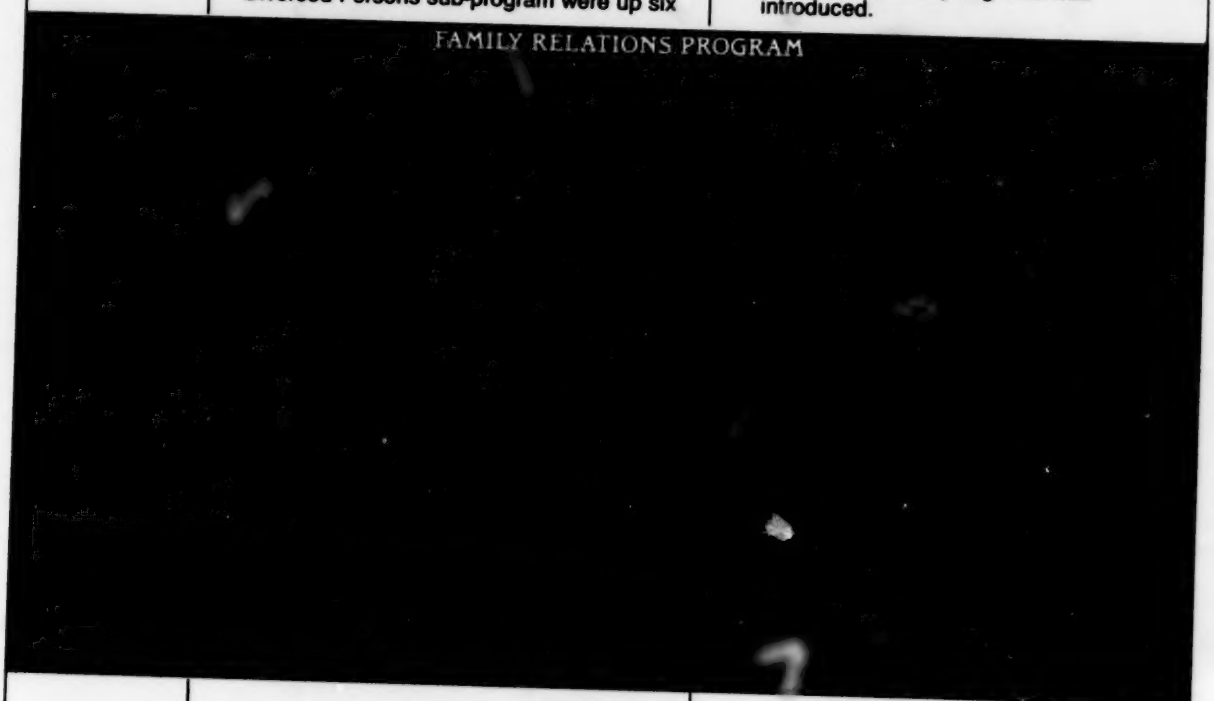
Overall collections in the Separated/ Divorced Persons sub-program were up six per cent over 1981-82. However, while caseload increased by four per cent, payments made to General Revenue were down 19 per cent. At the same time, payments made directly to wives receiving social assistance rose by 17 per cent.

In the children of unmarried parents area there was an increase in overall collections of 16 per cent, while caseload size rose by 12 per cent. The Provincial Treasurer saw an increase in collections in this area of 19 per cent, while 13 per cent more was paid to "private sector" unmarried mothers, which helped them remain self-sufficient.

Payments on orders in the Children in Care sub-program dropped by 17 per cent, while payments on voluntary agreements rose by 12 per cent. The latter occurred despite a 32 per cent drop in the caseload.

Highlights

- A program policy and procedures manual was published, and comprehensive training was provided to regional staff.
- Position papers were prepared on several major issues relating to family law, for discussion with the Department of the Attorney General.
- Monthly statistical reporting was simplified, and an automated system for collating and analyzing data was introduced.



AVERAGE MONTHLY CASELOAD
1981-82 and 1982-83

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FAMILY RELATIONS PROGRAM

		CASELOAD APPROXIMATE AVERAGE FISCAL YEAR 1982 - 1983	RECEIPTS FOR APRIL 1, 1981 TO MARCH 31, 1982	RECEIPTS FOR APRIL 1, 1982 TO MARCH 31, 1983	INCREASE IN RECEIPTS FOR THE PERIOD OF APRIL 1, 1982 TO MARCH 31, 1983
Separated/Divorced Persons	(A & B)	11,007	$4,346,676	$4,589,955	$243,279
Unmarried Persons	(C)	6,400	977,996	1,129,093	151,097
Children in Care					
Parents Maintenance Order	(E)	694	251,090	235,660	(15,430)
Custody by Agreement	(F)	227	77,140	77,964	824
TOTAL		**18,328**	**$5,652,902**	**$6,032,672**	**$379,770**

		RECEIPTS FOR APRIL 1, 1981 TO MARCH 31, 1982	RECEIPTS FOR APRIL 1, 1982 TO MARCH 31, 1983	INCREASE IN PERIOD OF APRIL 1, 1982 TO MARCH 31, 1983
Paid into General Revenue of Province	(A,D,E,F)	$2,203,020	$2,020,863	(182,157)
Separated/Divorced	(A)	1,401,368	1,148,114	(253,264)
C.U.P. (Children Unmarried Parents)	(D)	473,421	559,125	85,704
P.M.O. & C.B.A.	(E,F)	328,229	313,624	(14,606)
Paid directly to wives on S'All. and reduced to S'All. accordingly	(B)	2,945,307	3,441,840	496,533
Collections on behalf of Unmarried mothers and their children not in receipt of S'All.	(C minus D)	504,575	569,969	65,394

LEGEND:
A — Case receipts — orders, agreements, etc.
B — Received by dependants deducted from S'All
C — C.U.P. orders and agreements
D — C.U.P. refund to General Revenue
E — Maintenance Orders (parents of temporary wards)
F — Custody by Agreements (agreements with maintenance provisions)

*See Income Security for statistics on overpayment/repayments.
Income Security assumed responsibility for enforcement on August 1, 1982.

AVERAGE MONTHLY CASELOAD
1981-82 and 1982-83

	1981-82		1982-83		CHANGE	
	#	%	#	%	#	%
Separated/Divorced	10,601	61	11,007	60	406	4
Unmarried Persons	5,729	33	6,400	35	671	12
Children in Care						
Parents Maintenance Orders	788	4	694	4	(94)	(12)
Custody by Agreement	332	2	227	1	(105)	(32)
	17,450	**100**	**18,328**	**100**	**878**	**5**

Office of the Associate Deputy Minister

The Office of the Associate Deputy Minister was established April 1981, as part of the Senior Management reorganization, introduced at that time to reflect the Regional Plan.

This office ensures that all departmental services are well planned, designated services are delivered effectively and efficiently in the six regions and all services and management structures receive the necessary operations support. This office also ensures regular management and operational audit for the overall functioning of the Department.

The broad responsibilities of this structure are:

To provide resources for Department planning, policy development activities, research and evaluation, and interdivisional program initiatives, for comprehensive health and social services.

To effectively and efficiently deliver all designed departmental services in the six regions.

To provide adequate organizational support in the areas of finance, personnel, administrative and information systems services for all departmental functions, particularly for good corporate management and control and regional delivery of services.

To regularly assess all activities within the Department and funded by the Department for effectiveness, efficiency and economy.

The organizational entities that formed the Office of the Associate Deputy Minister were: Service Delivery (six regions); Planning Secretariat; Child Welfare Branch; Institutional Resources; Management and Operational Audit; and Operations Support.

Other activities of this office were also carried out by Special Projects and the Media Relations Specialist.

Decentralization/Regional Plan

The following highlights were achieved during the implementation of the Regional Plan designed in 1981-82:

- Decentralized program functions, authorities, responsibilities and positions to the six regions. Responsibility for the delivery of Day Care, Income Security, Rehabilitation Services, Residential Services and Mental Health Services was decentralized during the summer of 1982.
- Decentralization of Operations Support (Financial Services, Personnel Services and Administrative Services) was designed and partially completed.
- Six regional offices (McLennan, Lac La Biche, Innisfail, Edmonton, Calgary and Coaldale) were established and began operations.

Highlights from the regional offices follow.

NORTHWEST REGION

- A multi-disciplinary Family Services Unit was established in Grande Prairie to provide support for families in difficulty. This Unit contains child welfare, mental health and income security staff to better serve these families.
- Established a Mental Health Clinical Directorate to ensure quality care. The Directorate consists of a senior psychologist, senior nurse and a senior social worker.

NORTHEAST REGION

- The Westlock District Office was opened as the first fully integrated office able to deliver all Department programs.
- The responsibilities of the client service worker and the community worker were combined to improve service delivery.
- Response to the needs and licensing requirements for the community was increased by regionalization of Day Care and Licensing staff.
- The Casecount Point System was reviewed and a new system established for all delivery programs.
- Decentralized Assured Income for the Severely Handicapped to reduce the time required for processing applications.

EDMONTON REGION

- Various district offices opened in the region to provide Department programs (Hinton, Fort Road, Inglewood and Parkland).
- New programs were devaloped or initiated. They included a Children's Program in Mental Health, the Urban House Project, and a Bereavement Program (transferred to a community program).
- Integrated service delivery for Handicapped Services and Mental Health Services in rural areas.
- Reorganized management functions so that government operated residential/ treatment services report to the Director of Residential Resources.

- Major renovations were completed for the Edmonton Juvenile Detention/ Receiving Centre.

CENTRAL REGION

- The roles of Family and Community Support Services and Services for the Handicapped workers were combined and expanded in the Consultation Units to include work with a variety of community agencies.
- Established a Task Force on Service Delivery Alternatives with a mandate to propose alternative delivery systems for the region.

CALGARY REGION

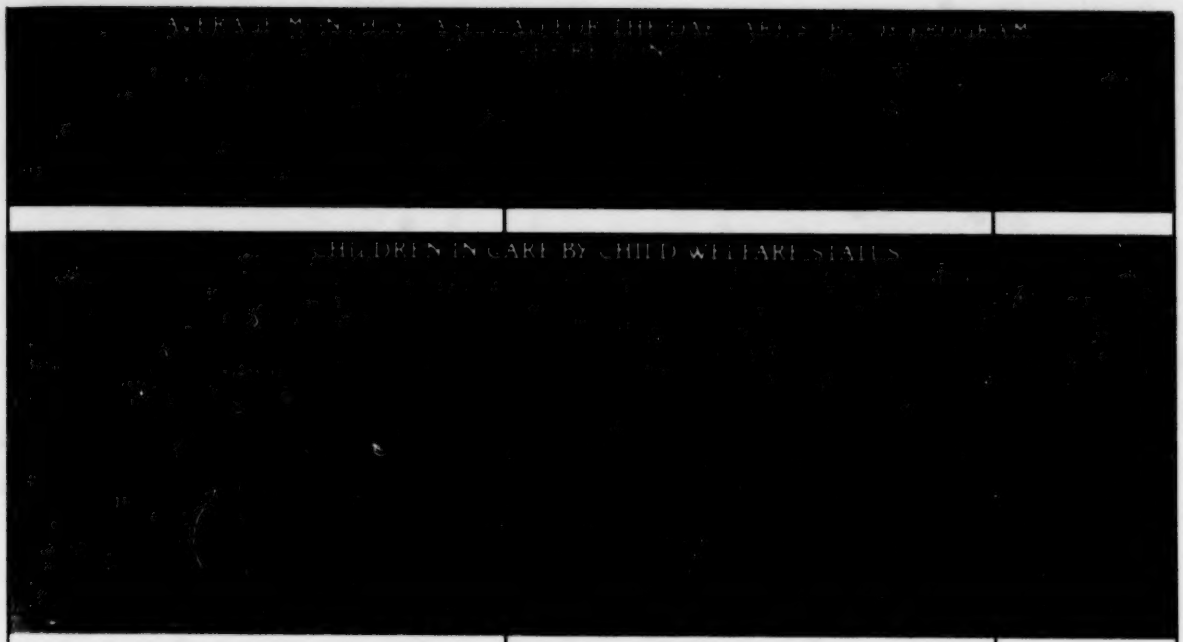
- The four mental health clinics in the region received formal accreditation from the Canadian Council on Hospital Accreditation.
- The Wednesday's Child television services continued into its second year on CFAC.
- Various committees were started to review regional service delivery, e.g. Ward Care Committee, Intake Committee, Task Force on Income Security.
- A review of emergency social services was undertaken to ensure a more cost effective service. The result of the review included the transfer of some responsibilities of a non-emergency nature from the Crisis Unit to the district offices.
- A report on Regional Child Welfare was tabled. The report is the first step in identifying the importance and use of permanency planning.
- Established a community relations program to improve response time to the media and the general public. A system to handle requests for information from the Regional Director's office was also introduced.
- A joint project with the Canada Employment Centre and the Department was set up to provide services to persons who had exhausted their unemployment insurance benefits.

SOUTHERN REGION

- Established a voluntary Community Self-Help Project in Taber. Persons on social allowance volunteered their time to help senior citizens and handicapped persons.
- Mental Health and Social Services staff worked with the Alzheimer Society to present public workshops and seminars.
- Assisted in re-establishing the Lethbridge Stroke Club.
- Developed "Community Contact", a monthly news feature highlighting various Department services and programs, for distribution to media in the region.

SOCIAL ALLOWANCE
AVERAGE CASELOAD BY REASON FOR ASSISTANCE BY REGION

MONTHLY AVERAGE AISH CASELOAD

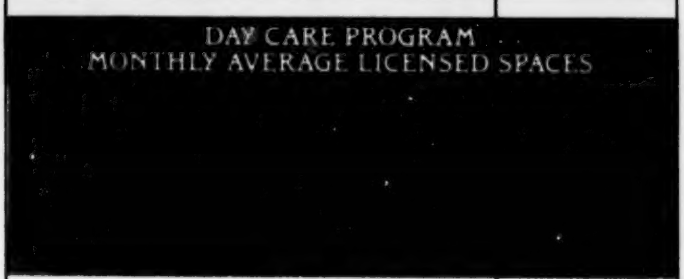


PLANNING SECRETARIAT

The Planning Secretariat serves as a support group to the Minister, senior management, program divisions and regions by coordinating Department planning, policy analysis, research, evaluation and information collection and dissemination activities. Its main units are Strategic Planning & Policy Development, Planning Support Services (includes Research Support & Information Services and Evaluation), Legislative Planning, and the Senior Citizens Bureau.

Highlights

- Introduced a planning cycle to coordinate strategic planning with the budgeting cycle.
- Published information resource inventories and reports including four regional Alberta Social Resources Inventory directories, revised the monthly Statistical Bulletin on departmental programs, and *Working for You*, a brochure on the Department's programs and services.
- Provided research and analytic support to the Social Allowance program and the design of the Widows Pension program. Planning Secretariat also coordinated the Social Allowance Workshop, the Health Units Funding Workshop and the statistical analysis for the Twin Butte Study.
- Completed research studies on various departmental programs. For example, the Compulsory Care Review, Manpower Study on Day Care Workers, After-School Care Report, Evaluation of the Employment Opportunities Program and Evaluation of the Emergency Shelters for Battered Women.



- Drafted legislation, which included the Public Health Amendment Act, 1982, the Widows Pension Act and prepared regulations under the Mental Health Act for the board governance of Alberta Hospital Edmonton and Alberta Hospital Ponoka.
- Provided legislative planning services to the Legal Services Task Force on Decentralization, the Children's Law Committee, the Young Offenders Act Committee, and the review of departmental legislation and policy concerning confidentiality of client records and information sharing among programs.

Senior Citizens Bureau

The Senior Citizens Bureau gathers and provides information on services, benefits, resource materials and data related to aging and elderly. It also provides temporary education and special project grants, staff services for the Provincial Senior Citizens Advisory Council, and encourages cooperation between government departments on matters affecting the elderly.

- Major renovations were completed for the Edmonton Juvenile Detention/ Receiving Centre.

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- A review of emergency social services was undertaken to ensure a more cost effective service. The result of the review included the transfer of some responsibilities to a non-emergency social services unit and the closing of the Inglewood office.
- A report on Regional Child Welfare was issued. The report was the first step in developing the mandate and role of the regional agency.

- Established a community relations program to improve response time to the media and the general public. A system to handle requests for information from the Regional Director's office was also introduced.
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- Mental Health and Social Services staff worked with the Alzheimer Society to present public workshops and seminars.
- Assisted in co-ordinating the Lethbridge Senior Expo.
- Developed a community support [illegible] Lethbridge area. Representatives from [illegible] Department of Social Services and Community Health [illegible] Lethbridge Community College [illegible] program.

SOCIAL ALLOWANCE
AVERAGE CASELOAD BY REASON FOR ASSISTANCE BY REGION

REASON FOR ASSISTANCE	NORTHWEST	NORTHEAST	EDMONTON	CENTRAL	CALGARY	SOUTH	PROVINCIAL TOTAL
Age 60 +	319	222	1,253	385	1,065	239	3,483
Person with Dependent Children	1,332	862	6,863	1,925	5,151	1,279	17,412
Physical Illness or Disability	733	461	3,041	923	2,186	459	7,803
Mental Illness or Disability	61	29	710	111	424	76	1,411
Mental Retardation	32	23	90	50	69	29	293
Employables	1,194	781	4,092	1,393	2,995	444	10,899
Unsuited for Employment	114	58	256	115	227	54	824
TOTAL CASELOAD	**3,785**	**2,436**	**16,305**	**4,902**	**12,117**	**2,630**	**42,175**

MONTHLY AVERAGE AISH CASELOAD

	NORTHWEST	NORTHEAST	EDMONTON	CENTRAL	CALGARY	SOUTH	PROVINCIAL TOTAL
AISH with maximum benefits	596	753	2,508	911	1,390	959	7,117
AISH with modified benefits	39	36	304	50	207	47	682
AISH with Social Allowance Supplementation	109	81	713	113	464	129	1,609
TOTAL CASELOAD	**744**	**870**	**3,525**	**1,074**	**2,061**	**1,135**	**9,408**

AVERAGE MONTHLY CASELOAD FOR THE DAY CARE SUBSIDY PROGRAM BY REGION

	NORTHWEST	NORTHEAST	EDMONTON	CENTRAL	CALGARY	SOUTH	PROVINCIAL TOTAL
Number of Participating Families	182	117	2,191	455	2,430	461	5,836
Number of Children Enrolled in Day Care Subsidy	223	137	2,529	552	2,888	569	6,898

CHILDREN IN CARE BY CHILD WELFARE STATUS*

STATUS	NORTHEAST	NORTHWEST	EDMONTON	CENTRAL	CALGARY	SOUTH	TOTAL
Adoptions	178	190	1,323	502	878	242	3,313
Placements	< 5	< 5	39	0	51	0	< 100
Foster Homes	368	390	620	479	628	294	2,779
Unmarried Mothers	25	9	266	26	167	26	523
Protection	482	447	1,680	515	1,166	361	4,651
Temporary Ward — Juvenile Delinquents Act	32	31	41	63	87	57	311
Temporary Ward — Child Welfare Act	460	539	1,391	424	801	304	3,919
Probation	67	108	96	129	50	143	593
Custody by Agreement	21	29	99	63	122	26	360
Handicapped Childrens Services	278	397	1,093	510	766	349	3,393
Permanent Ward	210	208	672	351	502	172	2,115
TOTAL	< 2,126	< 2,353	7,320	3,064	5,218	1,976	< 22,057

*Numbers reflect a monthly average caseload

SOURCE: District Office Caseload Count System

DAY CARE PROGRAM MONTHLY AVERAGE LICENSED SPACES

REGION	DAY CARE CENTRES	FAMILY DAY HOMES
Northwest	637	7
Northeast	332	14
Edmonton	7,138	136
Central	1,129	35
Calgary	8,309	146
South	1,294	57
TOTAL	18,839	395

PLANNING SECRETARIAT

In 1982-83, the Bureau handled over 6,000 information requests. It published the booklet "Programs for Senior Citizens", six issues of their newsletter "Fact Sheet" and the 1982 report of the Provincial Senior Citizens Advisory Council. The Bureau produced the 2nd edition of the kit "Understanding and Working With Older People", prepared background papers on "Human Rights and Older Persons", "Death, Dying and The Elderly", "Day Care Services for Adults", and "Older Persons in Alberta: Their Use of Programs and Services".

The Bureau also provided 16 grants to individuals for studies in the field of gerontology, funds for 16 workshops on aging and 13 special project grants for work with the elderly. The Bureau also provided resources for the Alberta Symposium on Aging held in June 1982 and participated in the Federal-Provincial Territorial Committee that prepared the Canadian Governmental Report for the 1982 United Nations World Assembly on Aging.

CHILD WELFARE BRANCH

The Child Welfare Act of Alberta requires the Director of Child Welfare to investigate all reports of children whose safety and well-being is not assured. The Act further requires the Director to provide services and, where necessary, assume responsibility for the physical care of children. During the reporting period, the Child Welfare/Children's Services Programs provided services to more than 18,000 children.

Child Welfare programs are delivered in the six regions through the district offices. While some programs such as adoptions are delivered by specialized units, child care workers deliver a number of child welfare programs and other departmental services through the district offices.

Responsibility for negotiating agreements for the provision of community services to assist children and their families, responsibility for negotiating contracts/grants to provide residential treatment services for children under the care of the Director of Child Welfare, and specialization in the recruitment, training and support of foster parents are carried out by regional staff.

The efforts of caseworkers are assisted by community agencies who support the Department objective in protecting and assisting children and families.

Child Protection

The Director of Child Welfare is required, under part 2 of the Child Welfare Act, to investigate all complaints of child neglect or abuse and to provide support services to children and their families. Child Protection strives to maintain children with their families, but provides for the removal of children if the circumstances are judged to place the children at risk. While the primary focus of the program is protection of the child, the child's family may also receive services from the program.

In 1982-83, 10,444 alleged, unconfirmed reports of child abuse or neglect were reported to the Child Protection Registry. The following is a statistical breakdown of the total reports:

Reports of Neglect or Abuse	
Children allegedly neglected	**7,045**
Children allegedly abused	**3,399**
TOTAL	**10,444**
Sub-total children allegedly physically abused	**2,732**
Sub-total children allegedly sexually abused	**669**

Descriptions and reports of child welfare/children's services programs can be found in the Social Services Division section on pages 16 and 17.

INSTITUTIONAL RESOURCES

The Institutional Resources Branch was created in October 1981 to maintain a level of authority for institutions providing services to people in the province during the departmental decentralization.

The following institutions provided a wide spectrum of services to persons with psycho-social handicaps and rehabilitation to medically handicapped and mentally retarded persons. The child welfare programs provided institutional and group home care including remedial education for children needing a structured living environment.

The major objective of Institutional Resources was to provide direction to institutions during decentralization and to develop the means to transfer these programs to regional responsibility or board or agency governance. Reports from each institution follow.

Michener Centre (Red Deer)

Michener Centre's purpose is to serve as a provincial resource in the Department to provide residential accommodation, programs, professional and support services for mentally retarded individuals who cannot be adequately accommodated in their home region. In 1982, the Michener population was 1,586. During 1983 the resident population was reduced to 1,507 with the transfer of individuals to community group living.

Baker Centre (Calgary)

Baker Centre is a residential training centre for the physically and mentally handicapped. It provides 24 hour professional, therapeutic and support services to severely and profoundly handicapped persons. Baker Centre works

closely with other agencies in Calgary and designs individual rehabilitation programs to promote integration into Community Services. The total capacity for Baker Centre in 1982-83, including group home, was 156.

Claresholm Care Centre (Claresholm)

The centre provides extended care and rehabilitation programs for adults with psycho-social handicaps. Although residents do not require treatment in a mental health facility, they need a structured living environment which offers rehabilitative treatment to assist them to live in a community setting when they leave the program. The number of people living at Claresholm in 1982 was 222.

Raymond Home (Raymond)

Raymond Home is a 52 bed accredited extended care facility which provides care and rehabilitation programs to adults with psycho-social handicaps. Persons living at Raymond Home do not need treatment in a mental hospital. They are provided with programs which improve their ability to return and live in a community setting.

Strathmore Y.D.C. (Strathmore)

Strathmore Youth Development Centre provides a co-educational residential care program for emotionally/behaviorally disturbed adolescents between the ages of 12-16 years. Services include an individualized and group living program emphasizing special education, life skills, recreation, counselling and community service. The facility was under construction in 1982 and is scheduled to open in 1984.

Youth Development Centre (Edmonton)

The Youth Development Centre is a co-educational residential treatment centre for adolescents, 12-16 years old, with behavioral and/or emotional problems. Referrals to the program are received through Juvenile Court or Regional Placement Committees. In 1982 there were 142 admissions, 106 males and 36 females. There were 157 discharges and the average length of stay was five and a half months. The children were released to a variety of settings, group home, foster home, independent or supported independent living or their home.

Rosehaven Care Centre (Rosehaven)

The Rosehaven Care Centre provides total care and treatment of Albertans, aged 65 and over, who do not require active treatment in a general or mental hospital and because of their psycho social handicap, cannot be cared for in a nursing home. There were 71 admissions in 1982-83.

Westfield (Edmonton)

Westfield provides a remedial program for children needing residential treatment. The objective of the program is to educate and counsel the child so they can demonstrate the minimum skills and behaviors required to adapt to community living and to assist in placing the child in a suitable environment (family therapy, foster home, group home) following treatment. The centre provided residential care for 132 children in 1982-83. The centre also provided group home care and a non residential day program for children.

MANAGEMENT AND OPERATIONAL AUDIT BRANCH

The Branch audits the management process, financial reports and controls, and the operations of the Department to ensure resources are properly used. One of the highlights for the Branch was the use of comprehensive audits rather than single function audits used in the past. There were 29 audits completed during the year.

OPERATIONS SUPPORT BRANCH

The Operations Support Branch, established in July 1982, ensures the availability and management of the Department's financial, human and physical resources and support services in keeping with departmental objectives. It is headed by an Assistant Deputy Minister and brings together Financial, Personnel, Administrative, Information Systems, Public Communications, and Legal Services.

During 1982-83, the Branch implemented regional budgeting, enhanced the Department's management of its resources, initiated the decentralization of its Personnel, Administrative and Financial services, and coordinated the Department's abolishment of 230 (mainly vacant) permanent positions for the 1983-84 fiscal year.

Financial Services

Financial Services is responsible for budgeting, expenditure control, financial support services, Headquarters accounts payable, financial reporting of systems, and managing the collection of departmental revenues.

Departmental expenditures increased by $200 million to nearly $1 billion in 1982-83. This was due to increases in the caseloads of Health Services, Social Allowance, Child Welfare and other departmental support services. Responsibility for the administration for Alberta Hospital, Edmonton and Ponoka were brought under boards and transferred to the Department of Hospitals and Medical Care. Departmental revenues increased by $88.6 million to $417.9 million or 42 per cent of expenditures.

Financial Statements for the 1982-83 fiscal year follow.

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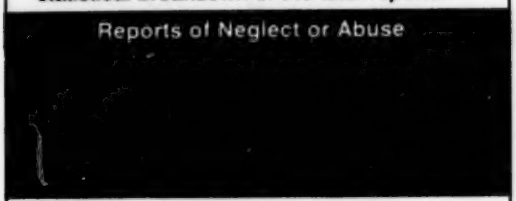

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Financial Statements for the 1982-83 fiscal year follow.

BUDGET ESTIMATES, SPECIAL WARRANTS AND EXPENDITURES CLASSIFIED BY VOTE ($000)

	1982/83 BUDGET ESTIMATES	1982/83 SPECIAL WARRANTS	EXPENDITURES FOR THE YEARS ENDING MARCH 31 1983 (a)	1982 (b)
VOTE 1 — DEPARTMENTAL SUPPORT SERVICES (no Sub-Program breakdown)				
Minister's Office	257	—	314	333
Executive Management	2,359	—	3,256	1,649
Departmental Financial Services	7,000	—	7,209	4,857
Research and Planning	5,268	—	4,908	3,824
Senior Citizens Bureau	648	—	626	508
Personnel & Staff Development	6,384	—	6,032	4,964
Public Communications	1,399	—	1,089	1,296
Departmental Administrative Services	6,439	—	7,003	5,219
Management Audit	1,070	—	680	390
Public Guardian's Office	3,238	—	2,620	1,586
Social Services District Offices	48,615	—	50,873	40,693
Family Maintenance & Court Services	625	—	552	656
Administration of District Offices	1,460	—	1,252	664
TOTAL VOTE 1	**84,762**	**—**	**86,414**	**66,639**
VOTE 2 — SOCIAL ALLOWANCE (Sub-Programs)				
Program Support	3,264	370	3,355	2,591
Social Allowance for Aged	17,354	1,213	17,695	14,277
Social Allowance — Single Parent Families	146,904	23,130	157,068	113,206
Social Allowance — Physically Handicapped	43,065	10,226	50,902	35,126
Social Allowance — Mentally Handicapped	9,266	649	9,238	6,740
Social Allowance — Employables	44,472	41,759	86,021	39,103
Social Allowance — Special Groups	6,889	4,669	14,082	7,078
TOTAL VOTE 2	**271,214**	**82,016**	**338,361**	**218,121**
VOTE 3 — CHILD WELFARE SERVICES				
Program Support	3,511	—	2,945	2,274
Community and Family Services	38,067	3,288	44,360	34,449
Contracted Residences	38,294	—	33,125	27,903
Residence & Treatment in Institutions	22,395	—	22,542	18,233
TOTAL VOTE 3	**102,268**	**3,288**	**102,973**	**82,859**
VOTE 4 — SPECIALIZED SOCIAL SERVICES				
Purchased Services & Agency Grants for Adults	3,333	—	2,665	1,675
Residential Accommodations in Institutions & Hostels for Adults	4,528	—	3,970	3,603
TOTAL VOTE 4	**7,861**	**—**	**6,635**	**5,278**
VOTE 5 — BENEFITS & INCOME SUPPORT (Sub-Programs)				
Senior Citizens Supplementary Benefits	70,749	—	64,524	60,804
Pensions and Allowances	66,687	—	59,694	46,458
Day Care	15,222	—	13,731	11,525
TOTAL VOTE 5	**152,658**	**—**	**137,949**	**118,787**
VOTE 6 — VOCATIONAL REHABILITATION SERVICES (Sub-Programs)				
Program Support	422	—	451	318
Regional Delivery Services	2,867	—	2,790	2,564
Purchased Services & Agency Grants	16,744	—	15,045	13,920
TOTAL VOTE 6	**20,033**	**—**	**18,286**	**16,802**

	1982/83 BUDGET ESTIMATES	1982/83 SPECIAL WARRANTS	EXPENDITURES FOR THE YEARS ENDING MARCH 31 1983 (a)	1982 (b)
VOTE 7 — SERVICES FOR THE HANDICAPPED (Sub-Programs)				
Program Support	1,108	—	723	774
Community Development & Referral	4,548	—	3,674	2,936
Purchased Services & Agency Grants	29,624	—	24,744	20,199
Residence & Treatment in Institutions	66,150	—	70,453	60,087
TOTAL VOTE 7	**101,430**	**—**	**99,594**	**83,996**
VOTE 8 — TREATMENT OF MENTAL ILLNESS (Sub-Programs)				
Program Support	2,284	—	1,982	1,927
Regional Diagnosis & Treatment	14,253	—	13,413	10,848
Purchased Services & Agency Grants	7,430	—	6,747	4,686
Residence & Treatment in Institutions	15,049	—	15,923	58,580 (c)
TOTAL VOTE 8	**39,016**	**—**	**38,065**	**76,041**
VOTE 9 — GENERAL HEALTH SERVICES				
Program Support	8,545	—	8,473	6,880
Communicable Disease Control	5,698	177	5,739	4,247
Special Health Services	206	—	146	183
Rehabilitative Health Services	24,282	6,328	30,779	20,980
Vital Statistics	1,388	—	1,449	1,065
TOTAL VOTE 9	**40,119**	**6,505**	**46,586**	**33,355**
VOTE 10 — COMMUNITY SOCIAL & HEALTH SERVICES				
Financial Assistance to Municipalities for Community Social Services	25,031	—	22,870	18,341
Community Health Services	79,420	—	82,837	65,719
Day Care	30,724	—	18,729	13,106
TOTAL VOTE 10	**135,175**	**—**	**124,436**	**97,166**
TOTAL DEPARTMENT	**954,536**	**91,809**	**999,299**	**799,044**

a) Preliminary — not audited
b) Audited and comparable to 1981/82 Estimates
c) Includes Alberta Hospitals: Edmonton and Ponoka

NOTE: For detailed audited information on all financial statements included in this report, please refer to the Public Accounts of the Province of Alberta, which are submitted to the Legislature annually.

REVENUE FOR THE YEAR ENDED MARCH 1982

	1982/83 (a)	1981/82 (b)
GOVERNMENT OF CANADA		
Canada Assistance Plan	301,877,692	236,177,492
Child Welfare Special Allowance	2,303,616	1,963,512
Rehabilitation of Disabled Persons	16,121,611	4,293,069
Extended Health Care Service Grants	76,734,000	69,329,000
Child Welfare Reimbursements	4,473,623	906,950
Public Assistance Reimbursement	2,695,537	2,672,698
Computer Costs	316,465	33,535
Baker Centre for Handicapped	43,912	76,597
TOTAL	**404,566,456**	**315,452,853**
HOMES, HOSTELS AND INSTITUTIONS		
Maintenance Charges	4,369,636	4,690,467
Services and Supplies to Staff	61,456	412,863
Miscellaneous	460,854	365,653
TOTAL	**4,891,946**	**5,468,983**
VITAL STATISTICS		
Change of Name Act	46,473	39,082
Marriage Licences	202,397	211,822
Vital Statistics	647,316	543,028
TOTAL	**896,186**	**793,932**
OTHERS		
Training Bursaries	11,419	11,345
Paramedic Licensing	142,769	131,408
Cemetery	50	550
Municipal Nursing Services	530	1,908
Tuberculosis Control	899	1,659
Group Homes for the Handicapped	28,173	—
Miscellaneous	1,144,456	147,597
TOTAL	**1,328,386**	**294,467**
PREVIOUS YEAR'S REFUND		
Previous Year's Refund, General Office	6,230,820	7,304,290
Homes, Hostels and Institutions	1,053	—
TOTAL	**6,231,873**	**7,304,290**
TOTAL DEPARTMENT REVENUE	**417,914,847**	**329,314,525**

a) Preliminary — not audited
b) Audited and comparable to 1981/82 Estimates

Administrative Services

The role of Administrative Services changed as a result of the decentralization of the Department in 1982-83. This unit was previously responsible for providing services to the overall Department. Decentralization limited its role to direct administrative support for Headquarters while keeping responsibility for policy development and monitoring.

The offices of the six regional directors and operations support staff were established and equipped. An Administrative Standards and Procedures Manual was produced and distributed to all worksites. Administrative Services staff also participated in the orientation of regional staff before they assumed responsibility for Administrative Services.

Regional offices subsequently dealt directly with Alberta Public Works, Supply and Services in providing regional Administration Services, with the exception of Accommodation Services, Parking Administration, and Records Management.

Personnel Services

The decentralization of Personnel Services also began in 1982-83. Procedural standards were established and regional staff received orientation before they became responsible for regional Personnel Services. The Personnel Placement Team provided counselling and reassigning support to staff affected by decentralization. Staff Development also helped coordinate training of regional staff.

Personnel Services was reorganized in 1982-83 into a Human Resources Unit, Organization Resources Unit and Staff Development Unit. Reports from each unit follow.

Human Resources Unit.

The Employee Relations section of this unit handled 155 disciplinary actions and 462 grievances, of which three were carried over from 1981-82 and two from 1980-81. This represented a decrease of 12 per cent in disciplinary actions and an increase of 321 per cent in grievances. By the end of the fiscal year, 425 grievances were settled with 37 carried over to 1983-84.

The Occupational Health and Safety section of the Human Resources Unit noted that 220 accidents/injuries occurred to departmental employees requiring services of a doctor only and 297 accidents/injuries which resulted in a total of 6,230 days lost from work due to disability. The days lost represent a 15 per cent decrease over 1981-82.

Organization Resources Unit.

This unit processed 3,151 positions for reclassification in 1982-83 which represents a decrease from 1981-82. This decrease in numbers was offset by the increase in complexity of the classification activity due to decentralization and the establishment of new roles in the regional structure. Recruitment and selection activity also decreased slightly, although the number of applications received increased to approximately 25,000 from 22,000 in 1981-82. Over 5,700 interviews were held and approximately 2,700 appointments made.

Staff Development Unit.

During 1982-83, slightly over 3,500 employees attended training and development activities. Included in this total are over 300 child welfare workers, supervisors and managers who received child protection training and approximately 260 additional employees who received other child welfare training. Staff Development was also extensively involved in activities supporting decentralization and regionalization of training services.

Information Systems Services

Information Systems Services is responsible for coordinating and providing the use of computer systems in the Department. In addition to providing operating efficiency, these automated systems support the work of program and service delivery staff and provide statistical information to assist in planning and decision-making. To carry out its mandate, Information Systems Services was organized in six units: EDP Planning and Budgets, Data Standards and Data Base Administration, New Systems Development and Implementation, System Support for Existing Systems, Technical Support and User Support.

In 1983, the development of a five-year EDP strategic plan commenced to integrate the Department's computer systems.

Public Communications Services

Public Communications provides public relations counsel and communications services to the various divisions in the Department. Drawing on the resources of the Public Affairs Bureau, this unit plans, executes and monitors public information and advertising programs. It also is the coordinating and production centre for the Department's publication and audio-visual needs.

Public Communications works with individual program staff in developing supportive communications campaigns, as well as providing assistance to the Regions, district offices, local health authorities, and the various community agencies operated and funded by the Department.

A suboffice was maintained in Red Deer to provide communication services to Michener Centre and to the Office of the Public Guardian.

Some of the major programs involving Public Communications included the child abuse campaign; special public awareness

undertakings for social hygiene; Dental Health Month; foster parent recruitment; and others.

As in previous years, Public Communications processed a heavy volume of print material for distribution to the public by local health authorities, departmental region and district offices as well as at special functions and public events.

Legal Services

The Department of the Attorney General provides Alberta Social Services and Community Health with legal services by assigning four solicitors to the Department. These solicitors provided legal advise to all divisions of the Department and were responsible for all legal matters.

APPEAL AND ADVISORY SECRETARIAT

The Appeal and Advisory Secretariat reports directly to the Minister and its mandate is as follows:

A. To strengthen the support to government, Minister and Department through the development and maintenance of an efficient and effective system of citizen appeal and advisory committees.

B. To provide the necessary resources to facilitate and enhance the neutral and impartial capability of committees to advise and make decisions as they relate to the various program areas in the Department.

More than 500 citizens throughout Alberta sit on various boards and committees of the Department. The boards are concerned with social, health and program delivery issues. A description of the boards and committees with which the Secretariat worked with in 1982-83 follows:

Social Care Facilities Review Committee.

Visit facilities operated or funded by the Department and investigate complaints about facility care and treatment and standards of accommodation.

Advisory Councils.

Advise on a variety of legislative programs in terms of operation, special studies and grants and public opinion, e.g. senior citizens, day care, suicide prevention, Public Guardian, mental health research, Alberta Aids to Daily Living, family planning, and health services (Community Resource Centre).

Task Forces.

Carry out specific tasks with a view to encouraging public input, e.g. disabled persons and Review of the Mental Health Act.

Citizens Appeal Boards and Panels.

Consider appeals from persons on delivery questions or specific case decisions, e.g. social allowance, Assured Income for the Severely Handicapped, mental health review and dependent adults.

Citizens Resource Centre and Advisory Board.

Advise on the operation and services available to handicapped persons in southwest Alberta, and serve as a referral agency for clients.

Community Resource Centre and Advisory Board.

Advise on the operation and service to handicapped persons in southeast Alberta and provide coordination of service agencies.

Special Committees.

Advise on general medical research policy for the Medical Services (Alberta) Incorporated Foundation.

Appeal Boards.

Ad Hoc Appeal Boards established under the Social Care Facilities Licensing Act to process appeals pertaining to facilities licensing decisions.

APPENDIX

ACTS ADMINISTERED BY THE DEPARTMENT

Assured Income For The Severely Handicapped Act
Change of Name Act
Child Welfare Act
Department of Social Services and Community Health Act
Dependent Adults Act
Emergency Medical Aid Act
Family and Community Support Services Act
Health Unit Act
Human Tissue Gift Act
Maintenance and Recovery Act
Marriage Act
Medical Services Research Foundation Act
Mental Health Act
Nursing Service Act
Public Health Act
Senior Citizens Benefits Act
Social Care Facilities Licensing Act
Social Care Facilities Review Committee Act
Social Development Act
The Supplementary Allowances Act
Treatment Services Act
Tuberculosis Act
Venereal Diseases Prevention Act
Vital Statistics Act

POOR

QUALITY

ORIGINAL